

County: Brown
MANORCARE HEALTH SERVICES - EAST

Facility ID: 1090

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600 SOUTH WEBSTER AVENUE
GREEN BAY 54301

Phone: (920) 432-3213

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 79

Total Licensed Bed Capacity (12/31/00): 79

Number of Residents on 12/31/00: 74

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

71

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/00) | | | | Length of Stay (12/31/00) | |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|-------|
| | | Primary Diagnosis | % | Age Groups | % | | % |
| Home Health Care | No | | | | | Less Than 1 Year | 55.4 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 28.4 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 9.5 | More Than 4 Years | 16.2 |
| Day Services | No | Mental Illness (Org./Psy) | 8.1 | 65 - 74 | 17.6 | | |
| Respite Care | Yes | Mental Illness (Other) | 4.1 | 75 - 84 | 35.1 | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 29.7 | ***** | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 8.1 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | 4.1 | | | Nursing Staff per 100 Residents | |
| Home Delivered Meals | No | Fractures | 10.8 | | 100.0 | (12/31/00) | |
| Other Meals | No | Cardiovascular | 17.6 | 65 & Over | 90.5 | | |
| Transportation | No | Cerebrovascular | 18.9 | | | RNs | 12.4 |
| Referral Service | No | Diabetes | 1.4 | Sex | % | LPNs | 9.1 |
| Other Services | Yes | Respiratory | 5.4 | | | Nursing Assistants | |
| Provide Day Programming for | | Other Medical Conditions | 29.7 | Male | 36.5 | Aides & Orderlies | |
| Mentally Ill | No | | | Female | 63.5 | | 28.0 |
| Provide Day Programming for | | | 100.0 | | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | |

Method of Reimbursement

| Level of Care | Medi care (Title 18) | | | Medi caid (Title 19) | | | Other | | | Private Pay | | | Managed Care | | | Total | Percent Of All Residents |
|----------------------|-------------------------|-------|------------------|-------------------------|-------|------------------|-------|-------|------------------|-------------|-------|------------------|--------------|-------|------------------|-------|--------------------------------|
| | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | | |
| Int. Skilled Care | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Skilled Care | 16 | 100.0 | \$239.28 | 35 | 94.6 | \$86.38 | 1 | 100.0 | \$115.87 | 18 | 100.0 | \$120.00 | 2 | 100.0 | \$335.00 | 72 | 97.3% |
| Intermediate | --- | --- | --- | 2 | 5.4 | \$71.73 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 2 | 2.7% |
| Limited Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj. | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Dependent | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 16 | 100.0 | | 37 | 100.0 | | 1 | 100.0 | | 18 | 100.0 | | 2 | 100.0 | | 74 | 100.0% |

| ***** | | | | | |
|--|------|----------------------------------|-------------|--------------------------------------|---------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | | | | |
| Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 | | | | | |
| | | ----- | | | |
| Percent Admissions from | | Activities of | % | % Needing Assistance of | % Totally Dependent |
| Private Home/No Home Health | 6.5 | Daily Living (ADL) | Independent | One Or Two Staff | |
| Private Home/With Home Health | 2.3 | Bathing | 1.4 | 71.6 | 27.0 |
| Other Nursing Homes | 0.3 | Dressing | 16.2 | 73.0 | 10.8 |
| Acute Care Hospitals | 88.1 | Transferring | 24.3 | 58.1 | 17.6 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Toilet Use | 20.3 | 52.7 | 27.0 |
| Rehabilitation Hospitals | 0.0 | Eating | 71.6 | 20.3 | 8.1 |
| Other Locations | 2.9 | ***** | | | |
| Total Number of Admissions | 310 | Continence | % | Special Treatments | % |
| Percent Discharges To: | | Indwelling Or External Catheter | 4.1 | Receiving Respiratory Care | 5.4 |
| Private Home/No Home Health | 33.4 | Occ/Freq. Incontinent of Bladder | 50.0 | Receiving Tracheostomy Care | 1.4 |
| Private Home/With Home Health | 14.2 | Occ/Freq. Incontinent of Bowel | 21.6 | Receiving Suctioning | 1.4 |
| Other Nursing Homes | 5.7 | | | Receiving Ostomy Care | 0.0 |
| Acute Care Hospitals | 19.9 | Mobility | | Receiving Tube Feeding | 6.8 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Physically Restrained | 4.1 | Receiving Mechanically Altered Diets | 6.8 |
| Rehabilitation Hospitals | 0.3 | | | | |
| Other Locations | 10.1 | Skin Care | | Other Resident Characteristics | |
| Deaths | 16.2 | With Pressure Sores | 5.4 | Have Advance Directives | 13.5 |
| Total Number of Discharges | | With Rashes | 1.4 | Medications | |
| (Including Deaths) | 296 | | | Receiving Psychoactive Drugs | 51.4 |
| ***** | | | | | |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | | |
|--|---------------|------------------------|-------------|-----------------|-------------|--------------------|-------------|----------------|-------------|--|
| | This Facility | Ownership: Proprietary | | Bed Size: 50-99 | | Licensure: Skilled | | All Facilities | | |
| | % | Peer | Group Ratio | Peer | Group Ratio | Peer | Group Ratio | Peer | Group Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 89.9 | 82.5 | 1.09 | 87.3 | 1.03 | 84.1 | 1.07 | 84.5 | 1.06 | |
| Current Residents from In-County | 94.6 | 83.3 | 1.14 | 80.3 | 1.18 | 83.5 | 1.13 | 77.5 | 1.22 | |
| Admissions from In-County, Still Residing | 11.9 | 19.9 | 0.60 | 21.1 | 0.57 | 22.9 | 0.52 | 21.5 | 0.56 | |
| Admissions/Average Daily Census | 436.6 | 170.1 | 2.57 | 141.8 | 3.08 | 134.3 | 3.25 | 124.3 | 3.51 | |
| Discharges/Average Daily Census | 416.9 | 170.7 | 2.44 | 143.0 | 2.92 | 135.6 | 3.07 | 126.1 | 3.31 | |
| Discharges To Private Residence/Average Daily Census | 198.6 | 70.8 | 2.81 | 59.4 | 3.35 | 53.6 | 3.70 | 49.9 | 3.98 | |
| Residents Receiving Skilled Care | 97.3 | 91.2 | 1.07 | 88.3 | 1.10 | 90.1 | 1.08 | 83.3 | 1.17 | |
| Residents Aged 65 and Older | 90.5 | 93.7 | 0.97 | 95.8 | 0.94 | 92.7 | 0.98 | 87.7 | 1.03 | |
| Title 19 (Medicaid) Funded Residents | 50.0 | 62.6 | 0.80 | 57.8 | 0.87 | 63.5 | 0.79 | 69.0 | 0.72 | |
| Private Pay Funded Residents | 24.3 | 24.4 | 1.00 | 33.2 | 0.73 | 27.0 | 0.90 | 22.6 | 1.08 | |
| Developmentally Disabled Residents | 0.0 | 0.8 | 0.00 | 0.7 | 0.00 | 1.3 | 0.00 | 7.6 | 0.00 | |
| Mentally Ill Residents | 12.2 | 30.6 | 0.40 | 32.6 | 0.37 | 37.3 | 0.33 | 33.3 | 0.36 | |
| General Medical Service Residents | 29.7 | 19.9 | 1.49 | 19.2 | 1.55 | 19.2 | 1.55 | 18.4 | 1.61 | |
| Impaired ADL (Mean) | 46.2 | 48.6 | 0.95 | 48.3 | 0.96 | 49.7 | 0.93 | 49.4 | 0.94 | |
| Psychological Problems | 51.4 | 47.2 | 1.09 | 47.4 | 1.08 | 50.7 | 1.01 | 50.1 | 1.03 | |
| Nursing Care Required (Mean) | 3.5 | 6.2 | 0.58 | 6.1 | 0.58 | 6.4 | 0.55 | 7.2 | 0.50 | |